



Clark County Combined Health District
Division of Environmental Health
529 E. Home Road
Springfield, OH 45503
Phone: 937-717-2451 opt.5 Fax: 937-390-5625
Email: environmental@ccchd.com

2025
Sewage Treatment System
Service Provider Registration Application
Annual fee - \$60.00

Business Name: _____

Applicant Name: _____

Mailing Address: _____

Email Address: _____

Telephone: _____

Cell Phone: _____

- Please provide a copy of the following:
- Surety bond**
 - Liability insurance**
 - OR 6 contact hours for 2024**

By signing this application, you agree to abide by any and all state laws and regulations and by the regulation set forth by the Clark County Combined Health District.

Applicant Signature Date

Health Dept. use only:

Registration # _____ Receipt # _____ Date: _____
--